



Version 2.0

APPLICATION FORM – MEDICAL EDUCATIONAL GRANT (OUTSIDE US)

Date: (yyyy/mm/dd)	
Name of applicant organisation and type of organisation: (University, hospital, CME provider, etc.)	
Organisation's registration number	
Address of applicant: (Physical address)	
Contact person's full name, phone number and email address:	
Purpose of the activity: (Thorough description - to verify if Lundbeck can support the purpose)	
Scope of the activity:	
Time frame of the supported activity:	
Deliverables for the activity:	
Grant amount applied for from Lundbeck	
Detailed budget breakdown for the activity: (Clear description of use of grant applied for at Lundbeck versus total budget for the medical educational activity)	

Expected number and type of target audience:	
Accreditation Information:	
Other information or supporting documentation that the applicant deems important for the application: (Please attach documents to the application if necessary)	